10/705195

PATENT	<b>APPLICATION</b>	<b>FEE DETERMINATION</b>	RECORD
--------	--------------------	--------------------------	--------

Effective October 1, 2003

Application or Docket Number

0147-0253P

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NIIIA	OR	OTHER		
T	OTAL CLAIMS		DO					RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS 20 mir			ius 20=	•	0		X\$ 9=		OR	X\$18=	,	
INDEPENDENT CLAIMS , minus 3 =			*	<i>)</i>		. X43=		OR	X86≖	Ø		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	290
* If the difference in cohumn 1 is less than torm pater "V" in column 2									WKD			
CLAIMS AS AMENDED - PART II. OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT A	1-19-07	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
Ş	Total	• 17	Minus	- 6	30	- O		X\$ 9=	1	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	***	3_	<u>- 0</u>		X43=		OR	X86=	
<u> </u>	FIRST PRESE	NIATION OF MI	JUIPLE DE	ENUENI	CDAIM		<sup>1</sup> .	+145=		OR	+290=	
	•		• •				1	YOYAL ADDIT, FEE	t.	OR	TOTAL ADDIT. FEE	/
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B	1/9/07	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 67	Minus	# ( O	<b>3</b> 0	- /		X\$ 9=		OR	X\$18=	
AME	independent	NTATION OF MI	Minus	*** (	<u>9</u>	<u>- /                                   </u>		X43≃		OR	X86=	
	PIRST PRESE	NIATION OF MIC	LIPLE DEF	ENDERI	COMM		ا د	+145=		OR	+290 <u>÷</u>	
					·····	•		TOTAL ADDIT, FEE		OR	TOYAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)			•	•		
IENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		•	] [	X\$ 9=		OR	X\$18=	
AMENDME	Independent	•	Minus	***			<b>                                     </b>	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
											•	

FORM PTO-875 (Rev. 10/03)

Peters and Trademark Office, U.S. DEPARTMENT OF COMMERC

**BEST AVAILABLE COPY**